



## Office of the Chief Inspector

# Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Hillview Private Nursing & Retirement Residence
Name of provider:	Hillview Private Nursing & Retirement Residence Partnership
Address of centre:	Rathfeigh, Tara, Meath
Type of inspection:	Unannounced
Date of inspection:	22 January 2019
Centre ID:	OSV-0000141
Fieldwork ID:	MON-0022176

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

The designated centre provides care and support to meet the needs of both male and female older persons. It provides twenty-four hour nursing care to 26 residents both long-term (continuing and dementia care) and short-term (assessment, rehabilitation convalescence and respite care) residents.

The centre is a single storey building located in a rural area.

The aim of the centre is to provide a wide range of nursing and care services to meet the individual needs of residents while actively encouraging residents to fulfil their own potential.

**The following information outlines some additional data on this centre.**

Current registration end date:	31/12/2021
Number of residents on the date of inspection:	25

## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
22 January 2019	11:00hrs to 18:00hrs	Siobhan Kennedy	Lead

## Views of people who use the service

Residents who communicated with the inspector were positive with regard to the control they had in their daily lives and the choices that they could make. Residents were happy with the support and assistance provided by staff. They described their daily routines, activity plans, mealtimes and interactions with the community and expressed satisfaction regarding these activities. Residents were able to identify a staff member whom they would speak with if they were unhappy with something in the centre.

## Capacity and capability

While residents considered the designated centre to be a good place to live overall, there were insufficient facilities provided in terms of bath and showering facilities.

Governance arrangements were appropriate as the full-time person in charge had good experience of the provision of residential care to older persons and provided good leadership to the team.

The provider representative was available during the inspection and participates actively in the centre. The residential service has a publicly available statement of purpose that described the services provided. However, the information in the statement of purpose did not correspond with the information contained in the floor plans submitted to the Office of the Chief Inspector.

It was found that the registered provider representative responsible for the management and control of operations of the designated centre had insufficient resources (bath/shower facilities) to ensure the effective delivery of care. The breach in the regulation is described under quality and safety and regulation 17.

The matters arising from the previous inspection carried out on the 28 August 2017 which related to having the prescribed documentation in respect of the renewal of registration of the centre, fire precautions, care planning and individual social and recreational activities were satisfactorily addressed.

An annual review report was available, prepared in consultation with residents and had a quality improvement plan designed to further improve the facilities and services. This included improving measures in respect of staff retention, for example providing opportunities for staff to gain management experience, the staff appraisal system, continuing to expand the team with leadership roles and developing further the Teach Brid programme which is a separate building on site developed for small

groups to participate in social and recreational activities.

Staff were recruited in compliance with employment and equality legislation, including the appropriate vetting procedures. The numbers and skill mix of staff at the time of inspection were sufficient to meet the needs of residents.

There was evidence that staff had access to education and training, appropriate to their role and responsibilities and were monitored and supervised.

Systems in place ensured that the service delivery was safe and effective through on-going auditing and monitoring of performance. Samples of audits were examined for example medicines and care plans and it was found that an action plan was in place to address any deficits if this was necessary.

The complaints policy and procedure was advertised and residents and relatives were familiar with the process. The complaints related to minor complaints and showed that complainants were satisfied with the outcome of investigations.

Notifications since the last inspection were examined and the measures put in place were satisfactory. The Office of the Chief Inspector had received two pieces of unsolicited information, one of which the provider was aware of and had taken appropriate action and the other highlighted staff shortages and an increase in residents' falls, however, the inspector could not find any evidence to concur with this information.

Information governance arrangements ensured that secure record-keeping and file management systems were in place.

#### Regulation 14: Persons in charge

The centre was being managed by a suitably qualified and experienced nurse who has authority in consultation with the provider representative and is accountable and responsible for the provision of the service.

Judgment: Compliant

#### Regulation 15: Staffing

From an examination of the staff duty rota, communication with residents and staff it was found that residents' needs were met by the staff team.

In addition to the person in charge and the provider a staff nurse was rostered on a 24 hour period to provide direct care and this was complemented by four care assistants working up to 16:00 hours and there after three care assistants with one

care staff member on night duty. This team was supported by catering, laundry, administrative and maintenance staff. The designated activity staff member is also a qualified carer.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff were up to date with mandatory training, for example, fire safety, moving and handling, infection prevention and control, challenging behaviour and protection of residents from abuse. Staff were knowledgeable and skilled for example in dementia and end of life care.

Judgment: Compliant

### Regulation 19: Directory of residents

A directory of residents had been established and maintained.

Judgment: Compliant

### Regulation 23: Governance and management

The governance structure in place was in the main satisfactory but the registered provider representative had not provided sufficient resources (sanitary facilities) to ensure the effective delivery of care to residents.

Judgment: Not compliant

### Regulation 24: Contract for the provision of services

Contracts of care had been agreed on admission highlighting the terms on which residents reside, services to be provided and the fees.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose which outlined the facilities and services corresponded with the findings on inspection, but the information did not correspond with the information contained in the floor plans submitted to the Office of the Chief Inspector.

Judgment: Substantially compliant

### Regulation 30: Volunteers

Volunteers did not have their roles and responsibilities set out in writing but did receive supervision and support and were Garda vetted.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

An accessible and effective complaints procedure was in place. Residents' complaints and concerns were listened to and acted upon in a timely, supported and effective manner. There was evidence that residents were satisfied with measures put in place in response to their complaint.

Judgment: Compliant

## Quality and safety

The health and social care needs of residents were met, they were involved in the organisation of the centre and felt safe in the centre.

The residential service was homely, warm, well maintained, suitably decorated and accessible. Communal facilities included three lounge/sitting rooms, a large dining room which extends into the conservatory, entrance porch/foyer, treatment room, offices, oratory and a variety of other facilities such as laundry, kitchen, sluice room and visitors area. Bedroom accommodation consisted of 20 single bedrooms and



three twin bedrooms. Seven of the bedrooms had en suite facilities (toilet and wash hand basin). However, it was found that the premises were not appropriate to the number and needs of the residents as there was only one bath and one shower for all of the residents' use. Excluding the toilets in the bathroom, shower room and en suite facilities there were two assisted toilets and one non-assisted toilet for use by 17 residents. This lack of facilities could impact on residents rights to have a shower or bath at a time of their choosing.

Residents meetings were held every two months and some residents confirmed that they had been consulted in a range of matters for example the daily routines and day-to-day running of the centre. Visitors were welcomed and encouraged to participate in residents' lives. Residents had access to an independent advocate.

The majority of residents were encouraged to participate in the social and recreational programme which included chair exercises to music, a reminiscence session and reciting the rosary. Some residents preferred one-to-one activities or small group activities and the activity coordinator implemented a programme called 'the story of the enchanted garden' which residents keenly participated in and using the 'Key to Me' communicated individually with residents.

Residents had a care plan which was based on an ongoing comprehensive assessment of their needs. This was implemented, evaluated and reviewed. It reflected their changing needs and outlined the supports required to maximise the quality of their lives in accordance with their wishes.

Residents received the care which they needed. Staff liaised with the community services regarding appropriate admission and discharge arrangements. Thereafter residents' health care needs were appropriately referred to the community health care professionals in order to promote residents' health and well-being. The management of medicines was satisfactory.

Residents received palliative care based on their assessed needs and this aimed at maintaining and enhancing their quality of life and respected their dignity.

Residents' nutritional and hydration needs were met and residents confirmed that meals and meal times were an enjoyable experience. Some residents informed the inspector that they felt safe in the centre because the layout was so much like their own homes. Residents brought in personal mementos, souvenirs and photographs which contributed to the homely environment.

Staff members who communicated with the inspector were knowledgeable regarding their duty to report any past or current concerns for the safety of the residents living in the centre. There were no allegations of abuse being investigated but the provider and the person in charge were familiar with the process.

There was a policy and procedure in place to guide staff on meeting the needs of residents with responsive behaviour though none of the residents currently accommodated displayed such behaviours. Staff had received training in dementia care and responding to responsive behaviours. A restraint free environment was promoted and any restraint measure (2 bed rails) was used in line

with the national guidelines.

### Regulation 12: Personal possessions

Residents had adequate space to store and maintain their clothes and other personal possessions in their bedroom space.

Judgment: Compliant

### Regulation 13: End of life

A review of end of life care provided met the residents' needs. There was evidence of family involvement with the resident's consent and a person-centred approach to end of life care. No residents were receiving this care during the inspection.

Judgment: Compliant

### Regulation 17: Premises

The premises were not appropriate to the number and needs of the residents and did not conform to the matters set out in schedule 6 of the regulations, particularly, in respect of a sufficient number of toilets, baths and showers (including assisted baths and showers, having regard to the dependency of persons in the designated centre).

In addition sluicing facilities were in appropriate and a narrow corridor may restrict some residents' access.

Judgment: Not compliant

### Regulation 18: Food and nutrition

Residents were offered choices of wholesome and nutritional meals which were safely prepared, cooked and served. Nutritional assessments were carried out in respect of the dietary needs of residents and appropriate foods provided. Some residents confirmed their satisfaction with the food provided.

The cook communicated with the inspector and confirmed that she was familiar with

residents' likes and dislikes and that they were always offered a choice at all meals.
Judgment: Compliant
<b>Regulation 29: Medicines and pharmaceutical services</b>
The person in charge explained the management and administration of medicines. This was in line with the policy and procedures. Controlled drugs were maintained safely.
Judgment: Compliant
<b>Regulation 5: Individual assessment and care plan</b>
Adequate arrangements were in place to assess residents' needs and treatment plans were described in individual care plans which were formerly reviewed and shared with the resident and where appropriate with family members.
Judgment: Compliant
<b>Regulation 6: Health care</b>
Appropriate medical and health care was provided.
Judgment: Compliant
<b>Regulation 8: Protection</b>
Policies and procedures were implemented to protect residents from abuse.
Judgment: Compliant
<b>Regulation 9: Residents' rights</b>

Residents were consulted with and had opportunities to participate in the organisation of the centre.

A varied and comprehensive recreational programme was available to residents by the activity coordinator. This included having a range of daily newspapers, spiritual activities, arts and crafts, bingo, baking, reminiscence and visits to local areas and outings to places of interest. A variety of volunteers visits the centre, including musicians who perform for the residents.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Views of people who use the service</b>	
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 30: Volunteers	Substantially compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Hillview Private Nursing & Retirement Residence OSV-0000141

Inspection ID: MON-0022176

Date of inspection: 22/01/2019

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Governance and management:</p> <p>AN ADDITIONAL NEW FULLY ACCESSIBLE ASSISTED SHOWER HAS BEEN INSTALLED.</p> <p>SANITARY FACILITIES ARE NOW SUFFICIENT TO ENSURE THE EFFECTIVE DELIVERY OF CARE TO RESIDENTS.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: Statement of purpose:</p> <p>OUR STATEMENT OF PURPOSE HAS BEEN UPDATED TO ACCURARATELY REFLECT THE FLOOR PLANS SUBMITTED TO THE OFFICE OF THE CHIEF INSPECTOR AND TO INCLUDE THE ADDTITON OF THE NEW ACCESIBLE SHOWER.</p>	

Regulation 30: Volunteers	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 30: Volunteers: WHILE VOLUNTEERS DO HAVE THEIR ROLES AND RESPONSIBILITIES SET OUT IN WRITING, THEY WILL NOW BE REQUESTED TO SIGN SAME, THE VOLUNTEER INFORMATION SHEET HAS BEEN AMENDED TO REFLECT THIS CHANGE.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>• AN ASSISTED FULLY ACCESSIBLE SHOWER HAS NOW BEEN INSTALLED TO ENSURE THE NEEDS OF OUR RESIDENTS ARE MET AS PER SCHEDULE 6 OF THE ACT.</li> <li>• THE LAYOUT OF THE CURRENT SLUICING FACILITIES HAS NOW BEEN ALERTED TO MITIGATE THE CONCERNS RAISED AT THE TIME OF INSPECTION. IN ADDITION, A REFUBISHMENT OF THE SLUIC AREA IS SCHEDULED AS PART OF THE 2019 REFURBISHMENT PLAN.</li> <li>• THE NARROW CORRIDOR IDENTIFIED IN THE REPORT HAS NOW BEEN WIDENED AND THUS THE RISK OF RESTRICTED ACCESS FOR RESIDENTS HAS NOW BEEN ADDRESSED</li> </ul>	



## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	20/03/2019
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	20/03/2019
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the	Substantially Compliant	Yellow	12/03/2019

	information set out in Schedule 1.			
Regulation 30(a)	The person in charge shall ensure that people involved on a voluntary basis with the designated centre have their roles and responsibilities set out in writing.	Substantially Compliant	Yellow	12/03/2019